

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		06-05-01
O.I.P.E. CLASSIFIER	W		6-15-01
FORMALITY REVIEW	T.H.	953	07-31-01
RESPONSE FORMALITY REVIEW	JK	835	10/30/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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6	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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520  
07-31-01  
781  
10-30-01